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PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/512,968	
	Filing Date	February 24, 2000	
	First Named Inventor	Dabid R. Hembree	
	Group Art Unit	2858	
	Examiner Name	V. Nguyen	
Total Number of Pages in This Submission	37	Attorney Docket Number	MI22-1363

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard Receipt
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Check for \$180.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Copy of PTO Form-1449 \$730.00
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James D. Shaurette, Reg. No. 39,833 Wells, St. John, Roberts, Gregory & Matkin, P.S.
Signature	
Date	4/30/01

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4-30-01	
Typed or printed name	Natalie King
Signature	
Date	4-30-01

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PTO/SB/17 (12/99)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 910.00

Complete if Known

Application Number 09/512,968
Filing Date February 24, 2000
First Named Inventor David R. Hembree
Examiner Name V. Nguyen
Group / Art Unit 2858
Attorney Docket No. MI22-1363

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0925

Deposit Account Name Wells, St. John, Roberts, Gregory & Matkin

- ☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Fee Description	Fee Paid
101	690	201	Utility filing fee	
106	310	206	Design filing fee	
107	480	207	Plant filing fee	
108	690	208	Reissue filing fee	
114	150	214	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
31	-20** = 5	18	90.00
Independent Claims	-3** = 8	80	640.00
Multiple Dependent			0

**or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Fee Description
103	18	203	9 Claims in excess of 20
102	78	202	39 Independent claims in excess of 3
104	260	204	130 Multiple dependent claim, if not paid
109	78	209	39 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 730.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	0.00
127	50	227	25 Surcharge - late provisional filing fee or cover sheet.	0.00
139	130	139	130 Non-English specification	0.00
147	2,520	147	2,520 For filing a request for reexamination	0.00
112	920*	112	920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215	55 Extension for reply within first month	0.00
116	380	216	190 Extension for reply within second month	0.00
117	870	217	435 Extension for reply within third month	0.00
118	1,360	218	680 Extension for reply within fourth month	0.00
128	1,850	228	925 Extension for reply within fifth month	0.00
119	300	219	150 Notice of Appeal	0.00
120	300	220	150 Filing a brief in support of an appeal	0.00
121	260	221	130 Request for oral hearing	0.00
138	1,510	138	1,510 Petition to institute a public use proceeding	0.00
140	110	240	55 Petition to revive - unavoidable	0.00
141	1,210	241	605 Petition to revive - unintentional	0.00
142	1,210	242	605 Utility issue fee (or reissue)	0.00
143	430	243	215 Design issue fee	0.00
144	580	244	290 Plant issue fee	0.00
122	130	122	130 Petitions to the Commissioner	0.00
123	50	123	50 Petitions related to provisional applications	0.00
126	240	126	240 Submission of Information Disclosure Stmt	180.00
581	40	581	40 Recording each patent assignment per property (times number of properties)	0.00
146	690	246	345 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249	345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify) _____				0.00
Other fee (specify) _____				0.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 180.00

SUBMITTED BY

Name (Print/Type) James D. Shaurette
Signature

Registration No. 39,833
(Attorney/Agent)

Complete (if applicable)

Telephone 509-624-4276
Date 4/30/01

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